

**STATEMENT OF ANNUAL PREMIUM VOLUME
PURCHASING GROUPS
DUE MARCH 1, 2006**

PURCHASING GROUP OFFICIAL NAME	FOR CALENDAR YEAR BUSINESS ENDING DECEMBER 31, 2005
MAILING ADDRESS	DOMICILE STATE

ALL IDAHO LISTED PURCHASING GROUPS MUST COMPLETE AND RETURN BOTH PAGES.

1. Gross Direct Premiums Written in Idaho. \$ _____
2. Less Premiums Returned to Policyholders. \$ _____
3. Net Taxable Premiums (Line 1 less Line 2). \$ _____
4. Purchasing Group is responsible for payment of premium tax:
 - a. ☐ Yes, **Must** equal Statement of Premium Taxes that are submitted monthly on form INS-PTX-TPG & due within thirty days of procurement of policy.
 - b. ☐ No, the Idaho licensed producer or the Idaho authorized surplus lines broker listed below is responsible.
 - c. ☐ No, the insurance company listed below is responsible.
 - d. ☐ No, the individual Idaho insured listed below is responsible.
5. If the response to Number 4 is NO, provide the name and address of the responsible party paying premium tax.

Under penalty of perjury, I declare that this statement has been examined by me and to the best of my knowledge is a true, correct, and complete statement.

_____ Contact Person () _____ Telephone Number Ext.	_____ Signature _____ Name and Title (Type or Print)	_____ Date
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PURCHASING GROUPS
NAME, ADDRESS, AND AMOUNT OF PREMIUM WRITTEN FOR EACH IDAHO INSURED
This form is required per Idaho Code § 41-247, 41-4808, 41-4811, 41-4816 and 41-1233.
(Please Type)

This form may be duplicated, if necessary.

Name	_____	Premium Written \$	_____
Address	_____	Effective Date	_____
	_____	Termination Date	_____

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Address	_____	Effective Date	_____
	_____	Termination Date	_____

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